



# New Jersey Office of the Child Advocate Newsletter

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## Health Coverage for Children and Families Expands

Acting Governor Richard Codey signed legislation this summer that reopens FamilyCare, the State's low-cost, federally subsidized health insurance program, to low-income parents and doubles the enrollment of children over the next several years.

The bill, known as the Family Health Care Coverage Act, is expected to enroll 80,000 more parents over four years, and add another 101,400 children to the program over three years.

An estimated 50,000 additional children, whose families do not meet the FamilyCare income requirements, would be able to enroll in the program if their parents paid the state's cost of about \$100 a month.

**The Family Health Care Coverage Act is expected to enroll 80,000 more parents over four years, and add another 101,400 children over three years.**

The legislation was sponsored by Senators Joseph Vitale and Barbara Buono, and Assemblyman Robert Morgan, M.D.

and Assemblywoman Loretta Weinberg.

It resulted from the work of a task force convened weekly by Vitale and Morgan at the Office of the Child Advocate last year.

The task force researched the barriers to accessing FamilyCare and explored measures taken across the country to expand health insurance

coverage for children, families and childless adults. The task force represents an unprecedented public-private coalition of health care interests and child advocates, including the Council of Teaching Hospitals, the New Jersey Hospital

*Continued on page 3*



Acting Governor Codey signs the Family Health Care Coverage Act at Children's Specialized Hospital in Hamilton, NJ.



Child Advocate Kevin Ryan with children at the bill signing.

# Reforms for Children with Developmental Disabilities Advance

The Office of the Child Advocate recently announced a Settlement Agreement with Bancroft NeuroHealth, a private, not-for-profit corporation based in Haddonfield, New Jersey, resolving an investigation launched last year into conditions of care for children with developmental disabilities or acquired brain injuries served by the agency.

Bancroft provides a wide array of residential and nonresidential services for people of all ages with neurological disorders.

The Settlement Agreement represents a series of landmark commitments by Bancroft to strengthen the way it serves children.

The Agreement builds upon improvements implemented in the last year by Bancroft's new Chief Executive Officer, Dr. Robert Martin. The Agreement establishes an Independent Expert, selected by the state child advocate, to offer Bancroft consultative assistance, make recommendations and review the agency's compliance with the terms of the Agreement.

"The children served by Bancroft, children with developmental disabilities and acquired brain injuries, are among the most vulnerable children in society," said state child advocate Kevin M. Ryan.



Photo courtesy of The Family Alliance

The Family Alliance to Stop Abuse and Neglect is an advocacy organization for people with disabilities.

"Their innate dignity requires the utmost vigilance in protecting them from abuse and neglect. To its credit, Bancroft has agreed with us to put in place the twin pillars of reform: accountability to children and transparency in operations."

Both Senators Joseph Vitale and Thomas Kean Jr., members of the child advocate's Board of Advisors, praised the commitments to reform within the agreement, with Vitale calling the agreement "absolutely necessary," and Kean describing it as "a very strong settlement for children."

"I particularly thank the families of children with developmental disabilities for their cooperation and advocacy during the course of this investigation," Ryan said.

**"Children with developmental disabilities and acquired brain injuries are among the most vulnerable children in society."**

**- Kevin Ryan**

Under the Agreement, Bancroft will enhance staffing and supervision; continue to improve internal investigations of allegations of abuse or neglect; track and analyze all incidents of alleged abuse and neglect in order to detect trends and take systemic corrective action; expand video recording of vulnerable children's activities and adopt a policy on video recording to root out abuse and neglect; provide increased training for Bancroft staff on positive behavior management interventions; and ensure coordinated, consistent, and comprehensive medical care for children.



John Ducoff, Esq., Director of Litigation

**"The settlement agreement will result in a stronger safety net for children with developmental disabilities."**

**- John Ducoff**

The Independent Expert, who will be named by the state child advocate this summer, will release a public monitoring report at the end of his or her service.

As part of the investigation, the Office of the Child Advocate reviewed approximately 150,000 records, including comprehensive medical records for children in residential care; inspected Bancroft's residential programs for children; reviewed all institutional abuse investigations performed by Bancroft and the Institutional Abuse Investigations Unit of the Department of Human Services since October 2003; interviewed dozens of stakeholders, and met with children served in the agency's programs.

The investigation was led by the Office's litigation director, John Ducoff.

"Bancroft cooperated fully with this office during the investigation, and we expect that the settlement agreement will result in a stronger safety net for children with developmental disabilities," said John Ducoff.



# Families Under DYFS Supervision

The Office of the Child Advocate will examine the provision of services to families under the supervision of the Division of Youth and Family Services (DYFS).

The audit, scheduled to begin this summer, will focus on 124 families (approximately 230 children) whose cases were opened by DYFS between January and March of 2004 and remained open for at least one year.

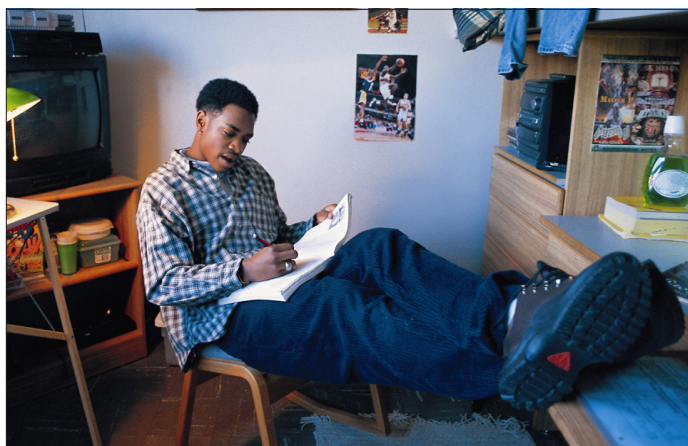
The Office of the Child Advocate requested, then subpoenaed, these documents from the Department of Human Services.

While the majority of the children included in these records are living in their own homes, approximately 30 percent are in out-of-home placement, including relative care support homes, residential facilities, DYFS foster homes, and group homes.

Where children have entered out-of-home placement, the OCA will examine whether legally-mandated, diligent efforts were made to support families and keep the children

safe. We plan to identify for the State opportunities to strengthen families and prevent abuse or neglect.

The audit will consist of a comprehensive analysis of DYFS policies and procedures relating to DYFS case practice, service delivery, and maintenance of child safety, as well as the adequacy of professional judgment and appropriateness of service provision. At the conclusion of the audit, the state child advocate will make recommendations to help ensure the safety and stability of children and families under DYFS' supervision.



## Health Coverage Expansion

*Continued from page 1*

Association, Legal Services of New Jersey, the Association for Children of New Jersey, the president of Children's Specialized Hospital and other public and private agencies.

FamilyCare is one of the nation's most inclusive publicly-funded health insurance programs, covering children in families up to 350 percent of the federal poverty level.

The program stopped enrolling adults three years ago because of the state's budgetary problems.

This year, there are 106,000 children and 97,000 adults enrolled in FamilyCare, including 57,000 parents and 40,000 childless adults on welfare who receive a smaller benefits package. Coverage includes doctor visits, prescriptions, hospitalizations, lab tests and X-rays, eyeglasses and dental care for most children and some adults.

Senator Vitale described the Office's role in developing the legislation as critical, and particularly thanked Keri Logosso, Esq., Jonathan Sabin, M.S.W. and Jennifer Velez, Esq. for many hours of hard work on the bill over the last year.

For more information about NJ FamilyCare on the Web, go to [njfamilycare.org](http://njfamilycare.org) or [njhelps.org](http://njhelps.org), or call (800) 701-0710.

**NJ FAMILY CARE**

Affordable health coverage. Quality care.

<u>Expected</u> <u>Enrollment of</u> <u>New Children*</u>		<u>Expected</u> <u>Enrollment of</u> <u>New Parents*</u>	
Year One	55,725	Year One	28,628
Year Two	89,525	Year Two	49,826
Year Three	101,400	Year Three	69,756
		Year Four	80,000
*Aggregate Numbers			



OCA's FamilyCare Expansion Research Team  
Jennifer Velez, Esq., Keri Logosso, Esq., Jonathan Sabin, L.S.W.

# POLICY BRIEF: EPSDT

## What is the Early Periodic Screening, Diagnosis and Treatment Program?

Early Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated health program for children from birth through age 20 who are Medicaid recipients. In New Jersey, ALL children in foster care are eligible for EPSDT services.

## Foster Children's Utilization of EPSDT

According to a 2003 report by the United States Office of the Inspector General (OIG) entitled "Foster Care Children's Use of Medicaid Services in New Jersey," children in foster care have a particularly difficult time accessing EPSDT services.

The study reviewed two years of Medicaid claims for 50 randomly selected children in care, 28 of whom were in familial care and 22 of whom were in residential care. Interviews were conducted with 34 caseworkers, the foster parents for the 28 children in familial care, and staff of the residential facilities serving the remaining 22 children.

The OIG study found that only 24 children had a health care claim and only 11 children had claims for EPSDT services.

Caseworkers and caregivers were not adequately trained for or informed about Medicaid or EPSDT. Caregivers were distributed information in initial handbooks including a schedule of appointments and a very brief description of Medicaid and EPSDT.

Fifteen caregivers and even fewer caseworkers reported having heard of EPSDT — an astounding number considering many caregivers rely on caseworkers to inform them about such services.

Half of the caseworkers had no medical records or incomplete medical records for their children and 34 caregivers had no medical history or only a partial medical history for their children.

Forty one caregivers reported their child was not in managed care and that DYFS did not encourage enrollment in these services. Caseworkers and caregivers reported trouble

locating Medicaid providers.

## EPSDT Screening Services Include:



- ✓ Comprehensive health and developmental history including assessments of both physical and mental health development
- ✓ Comprehensive physical exam including vision and hearing screening; verbal lead risk assessment at every visit between ages 6-72 months; dental inspection; and nutritional assessment
- ✓ Appropriate immunizations according to age
- ✓ Appropriate laboratory tests: hemoglobin/hematocrit/EP, urinalysis, tuberculin test, and blood lead test: between ages 9-18 months, preferably at 12 months, and once between the ages of 18-26 months preferably at 24 months. If not previously tested, all children at 27-72 months.
- ✓ Health Education/anticipatory guide
- ✓ Referral for further diagnosis and treatment or follow-up of all correctable abnormalities uncovered or suspected
- ✓ Schedule: newborn, 2-4 days, by 1 month, 2 months, 4 months, 9 months, 12 months, 15 months, 18 months, 24 months, and annually through age 20
  - **Referral for vision services:** at minimum, diagnosis and treatment for defects in vision including eyeglasses
  - **Referral for dental services:** at minimum, relief of pain and infections, restoration of teeth and maintenance of dental health
  - **Referral for hearing services:** at minimum, diagnosis and treatment for defects in hearing, including hearing aids

# POLICY BRIEF: EPSDT

## EPSDT In New Jersey

Despite the tremendous need for physical and mental health diagnosis and treatment among children in New Jersey, accessing and receiving the services available through EPSDT has historically been riddled with obstacles. The following table summarizes recent annual reports by New Jersey's Division of Medical Assistance and Health Services (DMAHS, which administers Medicaid) to the federal Centers for Medicaid and Medicare Services on participation in New Jersey's EPSDT program.

	2004	2003	2002	2001	2000
Total eligible for EPSDT	534,765	500,141	530,508	490,064	498,174
Expected Number of Screens	620,083	576,965	590,396	551,000	533,420
Total Screens Received	472,510	418,929	422,114	323,313	268,026
<b>Screening Ratio</b>	.76	.73	.71	.59	.50
Total eligible who should receive at least 1 initial/ periodic screen	488,437	454,446	473,729	441,064	433,074
Total receiving at least 1 initial/periodic screen	264,012	231,333	228,696	170,867	139,270
<b>Participation ratio</b>	.54	.51	.48	.39	.32
Total eligible referred for corrective treatment	12,066	2,715	3,712	2,473	512
Total eligible receiving any Dental Services	116,993	108,337	107,017	90,431	83,934
Total eligible receiving Preventative Dental Services	81,470	113,105	93,418	75,460	71,181
Total eligible receiving Dental Treatment Services	68,284	61,423	62,558	51,174	47,785
Total eligible enrolled in Managed Care	484,488	449,754	472,027	428,065	420,806
Total Number of Screening Blood Lead Tests	70,300	63,828	64,872	49,373	37,633

## Looking Ahead

The Department of Human Services (DHS) and DMAHS have identified several strategies they are implementing to improve New Jersey's EPSDT program, as follows:

- Education and training of DYFS staff and resource families, including (1) DYFS field office trainings, (2) inclusion of EPSDT information on red flags in DYFS case files for easy reference and use in the field, (3) inclusion of EPSDT information on the DYFS intranet for reference by staff, (4) a joint letter by DHS and DMAHS to DYFS resource parents explaining the EPSDT program, (5) inclusion of EPSDT materials in placement packets given by DYFS caseworkers to resource families when a child is placed in their homes, (6) inclusion of EPSDT articles in Foster and Adoptive Family Services (FAFS) newsletters, and (7) a DHS/DMAHS/FAFS teleconference on the EPSDT program.
- Enrollment of foster children in HMOs. By November 2004, 50% of the target population was in managed-care. As of January 2005, enrollment for children entering care is automatic except where fee-for-service care is appropriate. DHS has created several categories of exemptions from HMO enrollment. For more information, please contact the New Jersey Medical Assistance Hotline at 1-800-356-1561.
- Implementation of **Comprehensive Health Evaluations for Children (CHEC)**, designed to evaluate a child's health care services within 30 days of their entrance into out-of-home placement. In November 2004, CHEC began in five regions for children newly placed in out-of-home care. The program is expected to expand to additional regions this year.
- Partnerships with the American Academy of Pediatrics and Managed Care Organizations to achieve the goal of increasing EPSDT participation and improving service provision.
- Enforcement of state contracts with managed care providers to ensure EPSDT services. Enforcement mechanisms include sanctions on those entities that do not meet performance levels and a requirement for corrective action plans to identify and solve problems related to screening and intervention.



# Office Releases Second Child Fatality Investigation Report



Child Fatality Investigators Arburta Jones, M.P.A., LaShanda Taylor, Esq., Ed Wisniewski, M.Ed. and Lisa Eisenbud, M.S.W.

The Office of the Child Advocate recently released its second investigative report in connection with the deaths of children who died due to suspected abuse or neglect after a recent involvement with the Division of Youth and Family Services (DYFS).

The report included findings in connection with two child fatalities from 2004: four-year-old Zion Nicholas, who died March 23, 2004 and two-month-old Angel Cartagena, who died November 15, 2004; and one

officials, doctors, and friends and family of the children.

The report makes clear there are many opportunities which the child welfare system can seize upon to strengthen New Jersey's families and make children safer.

The report also underscores the importance of the State Legislature's continued willingness to provide the necessary funding to strengthen the safety net for children at risk of abuse and neglect.

child fatality from this year: six-year-old Philip O'Donnell, who died February 22, 2005.

The report resulted from a six-month investigation and involved numerous interviews with public employees, service providers, school

Some of the report's findings are specific to the individual cases, and not necessarily typical. Other findings are more systemic and address challenges within the child welfare system overall.

The findings of the Office in these cases center around several recurring themes related to DYFS' response to allegations of child abuse and neglect, including screening of allegations, investigative practices, case handling and the need to link struggling families with adequate support services.

In the cases of these three children, the responsibility of acquiring services to stabilize or reunite the family was frequently placed on the parent, oftentimes because DYFS staff did not know about available services or how to access them.

To read the entire report, go to [childadvocate.nj.gov](http://childadvocate.nj.gov)

## The Office's report included investigations of the child welfare system's involvement with the families of the following deceased children:

### **Zion Nicholas**

4 years old

Passaic County

**March 23, 2004:** Died from toxic effects from an adult dosage of a prescription medicine.

**Concerns:** Reunification services delayed due to mother's inability to pay, lapse in routine medical care for children while in relative care placement, inadequate case practice supervision, delay in financial support for relative caregiver.

### **Angel Cartagena**

2 months old

Mercer County

**November 15, 2004:** Died from Shaken Baby Syndrome.

**Concerns:** Case file inconsistencies, missing documentation, problems with centralized screening intake, failure to respond within assigned response time, failure to contact with alleged perpetrator, failure to inspect child's injuries, failure to provide appropriate services to the family.

### **Philip O'Donnell**

6 years old

Middlesex County

**February 22, 2005:** Received an overdose of cold medication and died from suffocation.

**Concerns:** Problems with centralized screening intake, mother's inability to access mental and physical health services, inadequate follow-up to alleged sexual abuse, shallow and narrowly-focused child welfare assessment.



# About PCA-NJ

**PreventChildAbuseNJ.Org**

Prevent Child Abuse – New Jersey is a statewide, non-profit organization with a mission to lead statewide efforts to eliminate physical, sexual and emotional child abuse and neglect. Created in 1979, this organization is the New Jersey affiliate of Prevent Child Abuse America, a national coordinating body for chapters in 38 states.

PCA-NJ helps build communities, strengthen families and empower parents through parenting programs, education and training, advocacy and public awareness activities. PCA-NJ believes the most effective tools to prevent child abuse and neglect, as well as other social ills, are the educational and support services that enable families to thrive.

PCA-NJ offers programs designed to equip parents with the information and skills they need to nurture their children, and provide communities with the awareness and resources they need to support families and protect children.

PCA-NJ provides several different kinds of support programs: including technical assistance to community-based programs regarding specific models that can be government funded; professional training in child development and child protection for social workers, educators and physicians; and educating the public with their resource center materials.

*This information and more available at [preventchildabuseNJ.org](http://preventchildabuseNJ.org)  
or by calling 732-246-8060*



## SPOTLIGHT:

## Prevent Child Abuse - New Jersey

### **Helpful Resources Online:**

#### **LENDING LIBRARY**

PCA-NJ has a large selection of resources, books and brochures that are available for borrowing through their web site, for parents and child advocate

#### **ASK THE EXPERTS**

This service is designed for anyone to submit an inquiry to the PCA-NJ experts. Ask the Experts is a confidential service and responsive within 5 business days.

#### **INFORMATIONAL BROCHURES**

PCA-NJ provides a host of online brochures, ranging from Home Alone Tips and Internet Safety to Recognizing Child Abuse and Neglect.

#### **CEH SERIES**

PCA-NJ also offers courses approved by the New Jersey Board of Social Work Examiners. Courses are designed to help social workers better understand family dynamics and a broad range of child abuse prevention issues.

### **How to Schedule a Program for your Organization:**

**CALL 1-800-CHILDREN**

#### **Programs Offered:**

##### **TECHNICAL ASSISTANCE**

Every Person Influences Children (EPIC)

Healthy Families

Parents as Teachers (PAT)

Family Outreach Project

Parent Linking Project (PLP)

Adolescent Pregnancy Prevention Initiative (APPI)

##### **PROFESSIONAL EDUCATION**

Continuing Education Hours

Parent Education Technical Assistance (PETA) Series

Other Professional/Paraprofessional Training

##### **PARENT & PUBLIC EDUCATION /**

##### **PUBLIC AWARENESS**

Parenting Education Resource Center

1-800-CHILDREN

[PreventChildAbuseNJ.org](http://PreventChildAbuseNJ.org)

Community Education

Public Awareness



**1-877-  
543-7864**

**7 days a week  
24 hours a  
day**

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**"Every Single  
Child is Worth  
the World."**



# Our Helpline for Children, Families and Advocates

Sara\*, a teenager in the care of the Division of Youth and Family Services (DYFS) and a young mother approaching her 18th birthday, was informed she would be aging-out of her DYFS placement and would have to leave her current program.

She had been doing very well in the program, but had no stable place to live otherwise and no means of supporting herself and her child on her own.

Sara's permanency plan read only that continuation in her current program was "not an option."

The written permanency goal for Sara was to reunify her with either her child's father or her own birth father, but neither proved to be in Sara's best

interests.

The program director contacted our office after efforts to advocate on Sara's behalf had been repeatedly frustrated.

Our helpline team, along with Adolescent Transition project leader David Kelly, Esq., responded to Sara's concerns. Our staff worked with a very responsive DYFS liaison, who manages case practice quality assurance, and intervention occurred promptly.

Sara will now remain in the program for another year and she plans to graduate high school. Her new plan should help her move toward independence, supporting her in obtaining her own apartment and providing wrap-around services.

*\*Name has been changed*